

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550291

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2		0		1		1	
3	0	1		1		1	
4		0		1		1	
5		0		1		1	
6	0	0		1		1	
7		0		1		1	
8		0		1		1	
9		0		4		1	
10		0	0	1		1	
11		0	0	1		1	
12		0	0	1		1	
13	0	1	0	1		1	
14	1		1		1		
15	1		1		1		
16		1	1		1		
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TOTAL IND.	4		3		1		
TOTAL DEP.	14	←	18	←	17	←	
TOTAL CLAIMS	18		21		18		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

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